



Access to Pharmaceuticals

David J. Fries

Executive Director

Iowa Prescription Drug Corporation

Partners

- Iowa Attorney General Office – Eric Tabor
- Iowa Collaborative Safety Net Provider Network-Bery Engebretsen, M.D.
- Iowa Department of Public Health
“The Pharmaceutical Program, working in partnership with public health, provides a great opportunity for Iowa to assist the uninsured and underinsured with the purchase of their medications. Local Public Health Agencies will play an important role in making the connection between the individual in need of assistance and the program”. Julie McMahon, Director
Division of Health Promotion and Chronic Disease
- Iowa Prescription Drug Corporation

Programs



- Iowa Medication Voucher Program
- Iowa Drug Donation Repository Program
 - IPDC Drug Discount Card



Iowa Medication Voucher Program

- New statewide program
 - Pilot
- Begins statewide first part of September 2009



Iowa Medication Voucher Program

- 90 day supply/\$3.00 co pay
 - Limited Formulary
 - Eligibility Requirements
 - Voucher & Prescription
- Statewide Pharmacy Network
 - No Pharmacy or Hardship

Limited Formulary



High Blood Pressure

HCTZ 25/50

Triam-HCTZ 37.5-25

Metoprolol Tart 25/50/100

Atenolol 25/50/100

Carvedilol 3.125/6.25/12.5/25

Doxazosin 1/2/4/8

Amlodipine 2.5/5/10

Lisinopril 2.5/5/10/20/40

Diabetes

Metformin 500/1000

Glimepiride 1/2/4

Elevated Cholesterol

Simvastatin 5/10/20/40/80

Depression

Citalopram 10/20/40

Sertraline 25/50/100

Trazodone 50/100

Amitriptyline 10/25/50/75/100

Pregnancy/Pre and Post Natal

Prenatal Vitamin with Folic Acid

Max Qty

90/all strengths

90

180/all strengths

90/all strengths

180/all strengths

90/all strengths

90/all strengths

90/all strengths

Max Qty

270/180

90/all strengths

Max Qty

90/all strengths

Max Qty

90/all strengths

90/all strengths

90/all strengths

90/all strengths

Max Qty

90/all strengths



Eligibility Requirement

- Iowa Resident
 - Uninsured
 - Underinsured
- Less than 200% FPL



200% of 2009 Federal Poverty Level

# of Individuals in Household	Income
1	\$ 21,660
2	\$ 29,140
3	\$ 36,620
4	\$ 44,100
5	\$ 51,580
6	\$ 59,060
For each additional person add	\$ 7,480

Medication Voucher

\$3 Medication Voucher Program



This voucher entitles

***to**

Iowa Prescription Drug Corporation
 11100 Aurora Ave
 Building #13
 Urbandale, IA 50322

Authorized by: _____

Expires: _____

Number: _____

Not redeemable for cash.

*Patient responsible for \$3.00 co-pay.

See reverse for formulary and pharmacy information.

Eligibility Guidelines:

- Iowa Resident
- No insurance coverage for prescription medications
- Less than 200% Federal Poverty Level

High Blood Pressure

HCTZ 25/50
 Triam-HCTZ 37.5-25
 Metoprolol Tart 25/50/100
 Atenolol 25/50/100
 Carvedilol 3.125/6.25/12.5/25
 Doxazosin 1/2/4/8
 Amlodipine 2.5/5/10
 Lisinopril 2.5/5/10/20/40

Max Qty

90/all strengths
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Elevated Cholesterol

Simvastatin 5/10/20/40/80

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Metformin 500/1000
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Max Qty

270/180
 90/all strengths

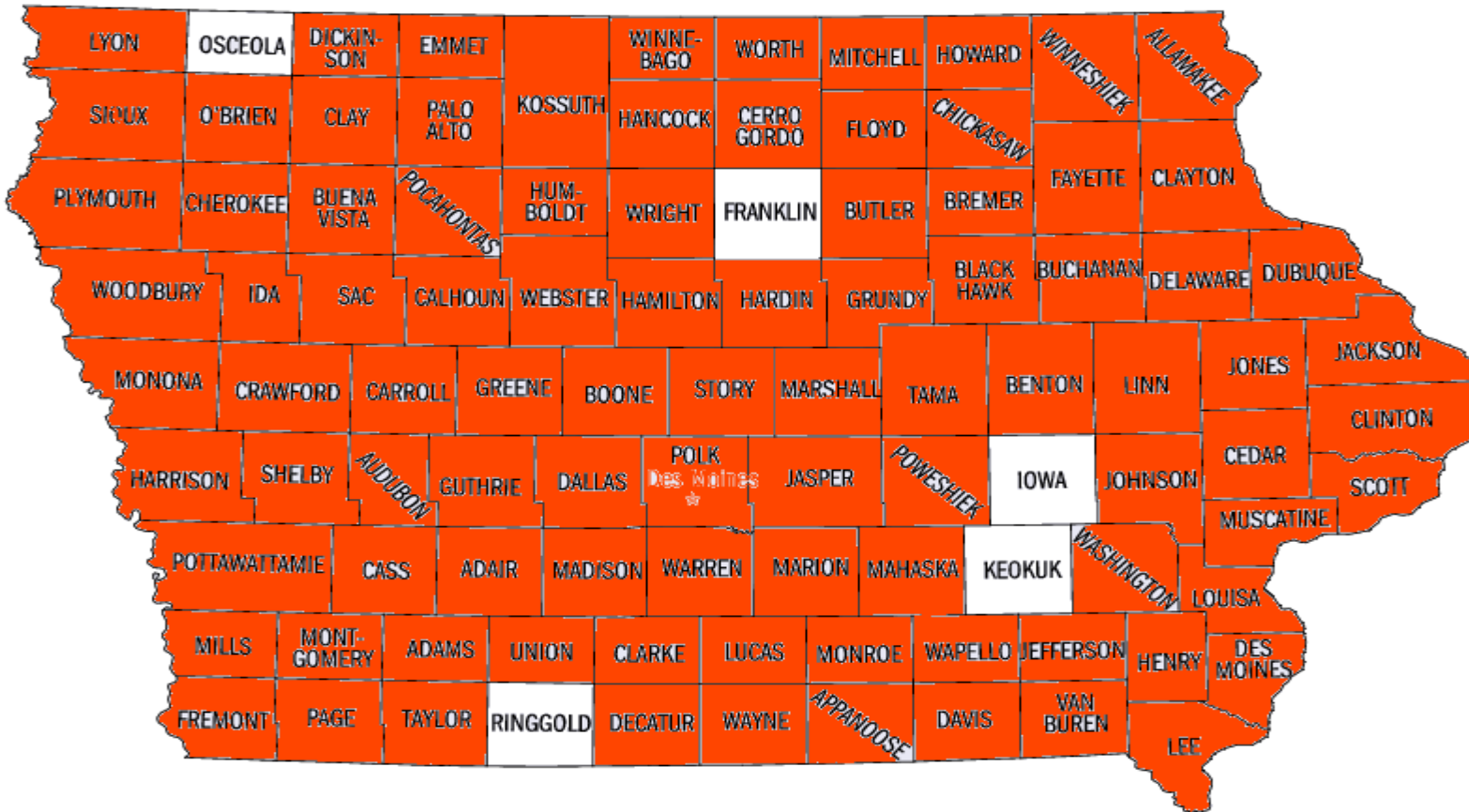
Check with your local pharmacy, visit www.iowapdc.org, or call 1-866-282-5817 to inquire about pharmacy participation.

Statewide Pharmacy Net



- Iowa based program
 - Iowa Community Pharmacies
 - Iowa and Rural based chains
(No major chains)
-
- Pharmacist receives \$10.00/script
 - Pharmacist collects \$3.00 co pay/90 day supply
 - IPDC reimburse Pharmacy \$7.00

Participating Pharmacies





No pharmacy

- Check web site at iowapdc.org to see listing of participating pharmacies
 - Pharmacy in near by county
- IPDC is licensed as Limited Use Pharmacy by the Iowa Board of Pharmacy
- Script, Voucher, Prescription Form and \$3.00 sent to IPDC
 - Mail Medications

Prescription Form

Name (print)	Gender	Date of Birth
Address	Telephone Number	
City	State	Zip Code

Are you currently a resident of the state of Iowa? Yes No
I do NOT have insurance coverage for Prescription Drugs. Yes No
Are you currently enrolled in a Medicare Part D program? Yes No
If “yes” to the above, are you currently in the donut hole in coverage? Yes No
Do you have transportation available to travel to a participating pharmacy? Yes No

Signature of Applicant or Representative	Date
Signature of Submitting Agency	Date

By my signature, I certify that all information on this form is accurate and complete. I understand the Iowa Prescription Drug Corporation may contact me in the future to verify this information. If the information I have provided is incomplete or inaccurate, and I do not meet the eligibility requirements any services I request may be denied.

Patient Information

Name:

Medication - Prescription, Over-the-counter, Herbal	Strength	Quantity Per Day

Are you allergic to any medications?

Yes No

If yes please list:

List any major medical conditions:

Name of Physician:

Phone:



Hardship Case

- \$3.00 co pay waived
- Hardship Form, Voucher and prescription sent to IPDC

Hardship Form

Name (print)	Gender	Date of Birth
Address	Telephone Number	
City	State	Zip Code

Are you currently a resident of the state of Iowa? Yes No
I do NOT have insurance coverage for Prescription Drugs. Yes No
Are you currently enrolled in a Medicare Part D program? Yes No
If “yes” to the above, are you currently in the donut hole in coverage? Yes No
Do you have transportation available to travel to a participating pharmacy? Yes No

Signature of Applicant or Representative **Date**

Signature of Submitting Agency **Date**

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Patient Information

Name:

Medication - Prescription, Over-the-counter, Herbal	Strength	Quantity Per Day

Are you allergic to any medications?

Yes No

If yes please list:

List any major medical conditions:

Name of Physician:

Phone:



Notice of Participation

- One form must be completed for each participating county and FAX to IPDC
- FAX number 1-515-327-5422



Notice of Participation

Primary Contact Information

Name		Telephone Number	
Mailing Address			
City		State	Zip Code
E-mail Address	Fax Number		County



Iowa Drug Donations Repository

- State statute passed 2005/Administrative Rules and Regulations adopted March 2007
- Provides direction for the operation of the program
- Defines
 - Centralized Repository
 - Medical Facilities



Centralized Repository

- Licensed by Iowa Board of Pharmacy as a Wholesale Distributor
- Donated medications must be single unit dosed or in its original container with seal intact
 - 97% meds come LTC Dispensing Pharmacies
 - 2% drug Samples
 - 1% private
- All donated medication/supplies inspected by a pharmacist
- No control substances/Requires refrigeration
- Distributive donated medications to a Medical Facility or a Pharmacy



Medical Facilities

- Physician Office
 - Hospital
 - Health Clinic
 - Non-profit health clinics (CHC)
 - Free Clinics, and
- Pharmacy may also accept donated medications



Safety, Integrity and Quality

- Pharmacist utilize reference source to:

ID medications for correct medication,
correct strength and integrity

- Compliance with HIPAA Regulations



Eligibility

- Uninsured
- Underinsured
- Less than 200% FPL
- Iowa Resident
- Patient completes intake form attesting to the above

Patient Intake Form

Name (print)	Gender	Date of Birth
Address	Telephone Number	
City	State	Zip Code

Are you currently a resident of the state of Iowa? Yes No

I do **NOT** have insurance coverage for Prescription Drugs. Yes No

I understand the Prescription received has been donated. Yes No

I understand the medications are not in a child safe container and waive my rights to the Poison Prevention Packaging Act. Yes No

Signature of Applicant or Representative

Date

By my signature, I certify that all information on this form is accurate and complete. I understand the Iowa Prescription Drug Corporation may contact me in the future to verify this information. If the information I have provided is incomplete or inaccurate, and I do not meet the eligibility requirements any services I request may be denied.

Further, I understand that the pharmacy, pharmacist, clinic, and others involved with this program cannot be held liable for problems with this medication that has been accepted for donation and dispensed in good faith.



Iowa Prescription Drug Program

Name (print): _____

Address: _____

City: _____

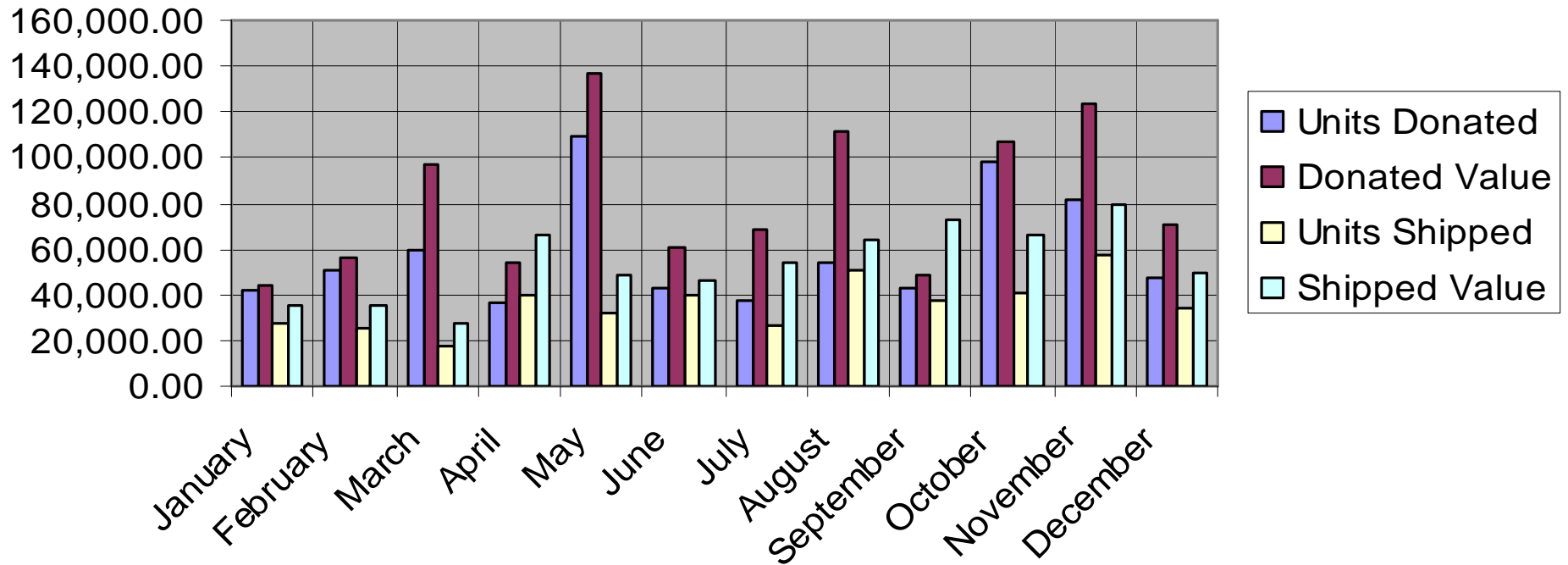
Issue Date: _____

**Remove ID Card
And
Use for Future Visits**



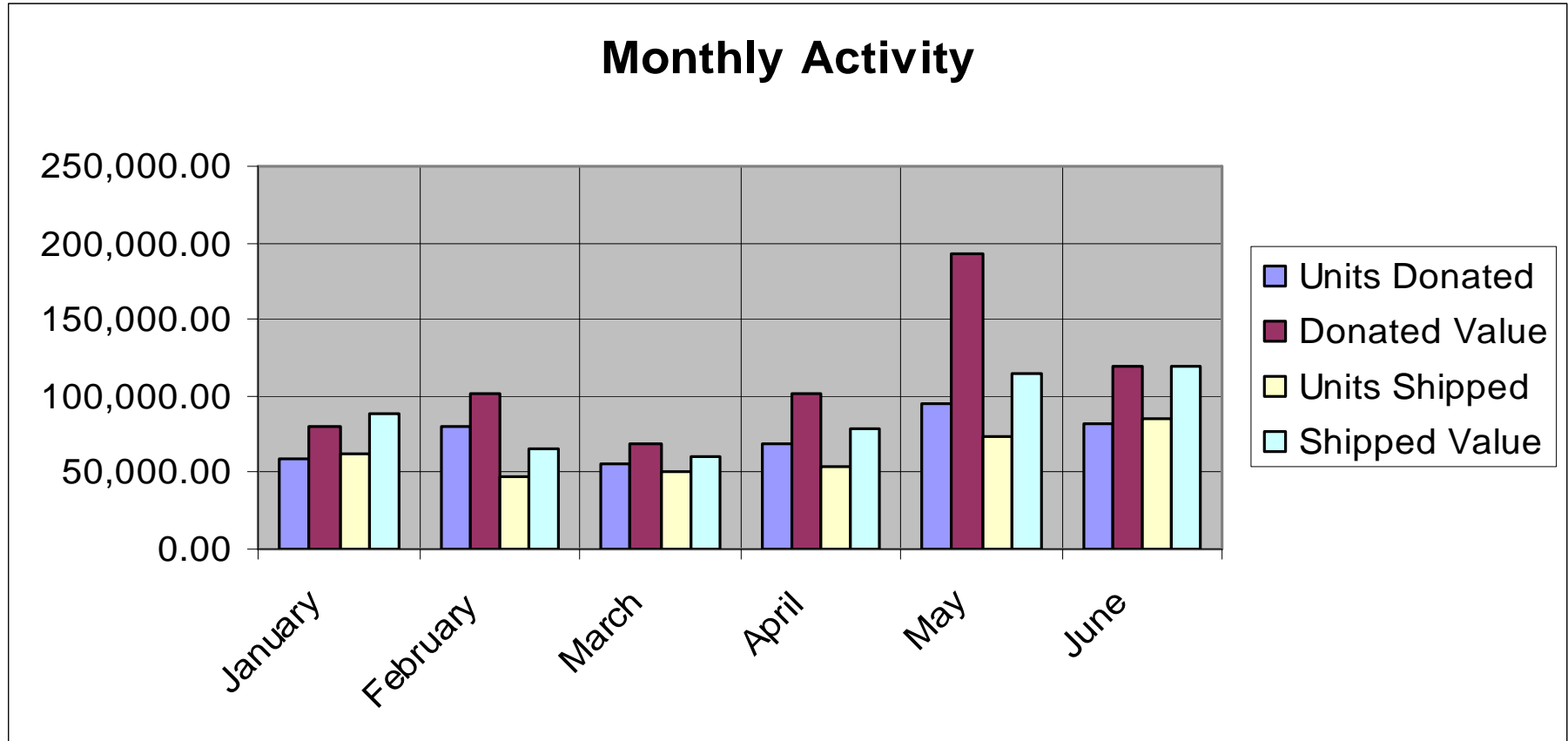
2008 Data

Monthly Activity



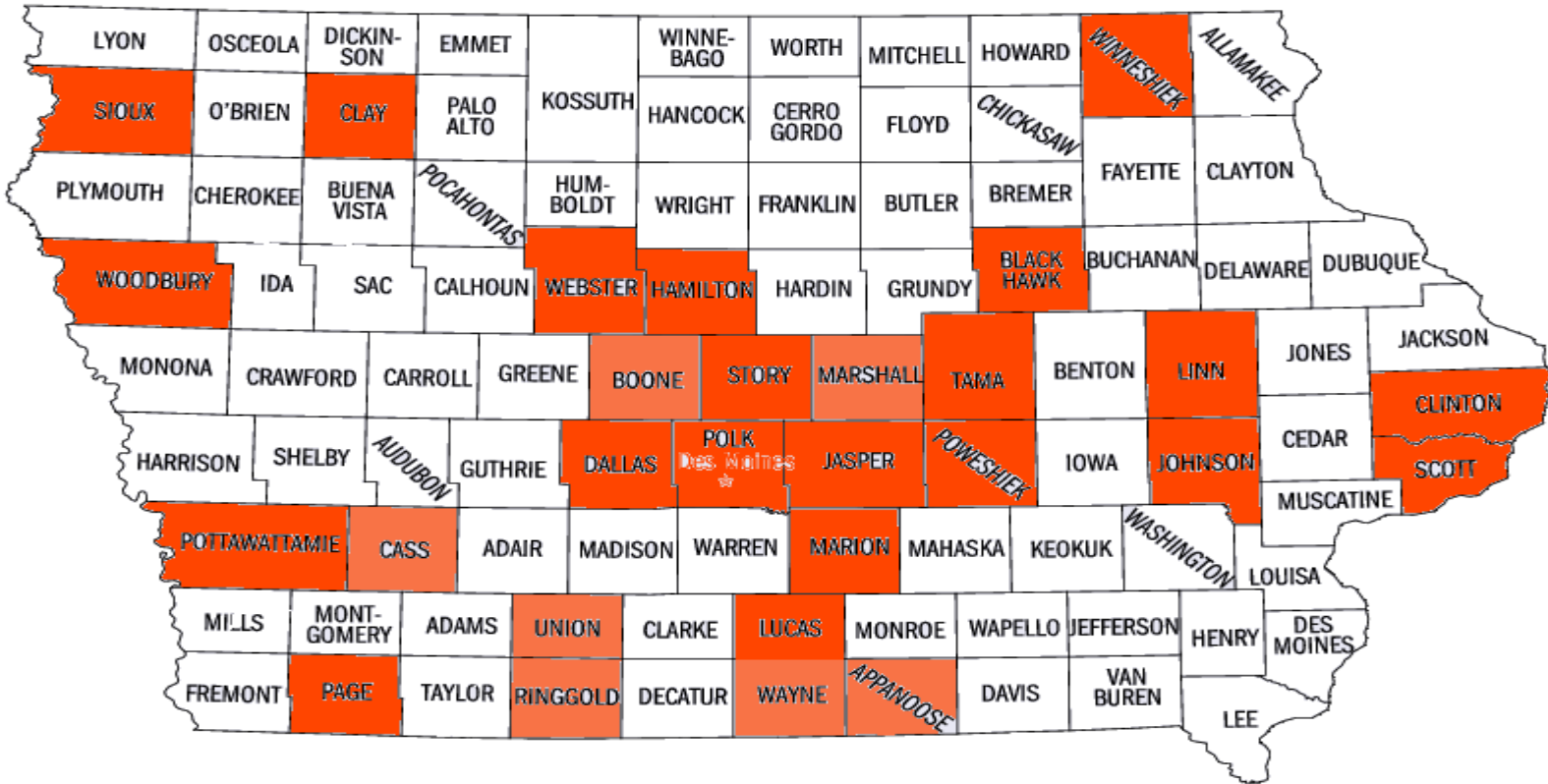
	Units Donated	Donated Value	Units Shipped	Shipped Value
Total	701,726	\$977,378.50	440,938.5	\$659,412.72
Avg Cost/Unit		\$1.39		\$1.52

January-June 2009



	Units Donated	Donated Value	Units Shipped	Shipped Value
Total	438,021	\$662,642.29	369,432	\$525,960.92
Avg Cost/Unit		\$1.51		\$1.42

11 to 28 Counties



	2007	1st Qtr '08	2nd Qtr '08	3rd Qtr '08	4th Qtr '08	2008	2009
# of Patients	780	496	628	653	1,173	3,011	2,440
Units Dispensed	42,542.5	25,643	37,108	66,692	85,165	220,753	229,415

Hospitalization cost savings

The DDRP recently received 48 Zyvox tablets treatment for Methicillin-Resistant Staphylococcus Aureus (MRSA). Retail cost for this medication is \$78.20 per dose. We contacted the State Health Department to let them know we had these antibiotics available and they posted the information on the Infectious Control Network. We received a request for 24 of these tablets from a clinic in Iowa. We distributed 24 doses with a retail value of \$1,876.80 and these antibiotics were made available to a young man who was uninsured and hospitalized. The patient had been hospitalized for 3 days and received IV antibiotics. Without this medication he would have had to remain in the hospital for an additional 10 days and receive additional daily IV antibiotic therapy. Because he received this oral antibiotic he was able to return home, and treat his infection without further hospitalization or IV medications.

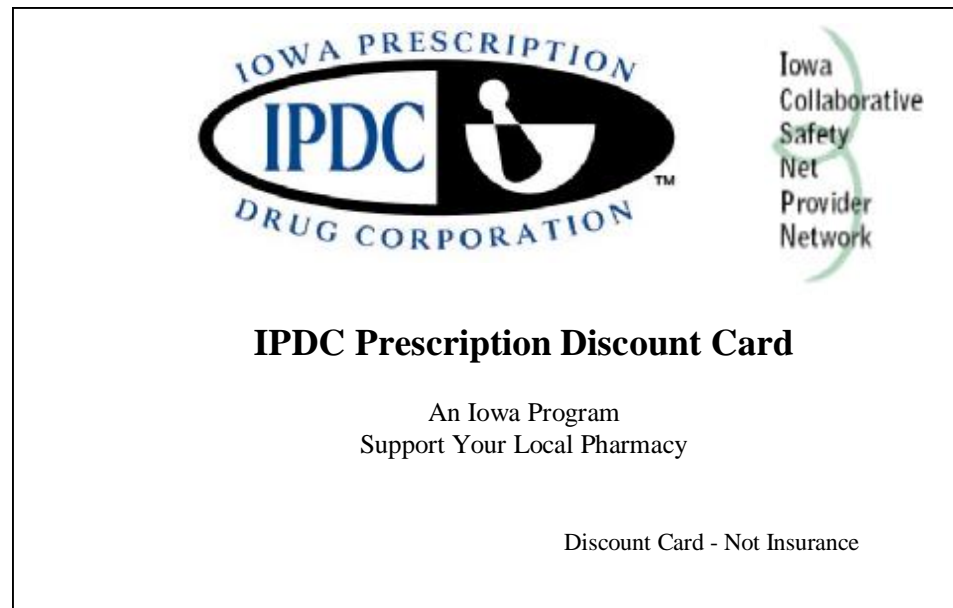
IV Medication	\$5,956.50
Hospital days (not including Dr's fees)	\$35,980.00*
*Iowa Hospital Association	
Total	\$41,936.50

TOTAL SAVINGS DUE TO THE DRUG DONATION REPOSITORY PROGRAM

**10 HOSPITAL DAYS
And \$41,936.50 in Charity Care**



IPDC Drug Discount Card



IPDC Discount Card

- No enrollment fee
- 600 pharmacies in Iowa accept the card
 - Card can be used nationwide
 - One card can be used per family
- Iowa based program with a Iowa PBM

Questions

If you did not get a chance to ask your question please e-mail your question to david.fries@iowapriority.org



Thank You

- Contact Information
 - David J. Fries
 - 11100 Aurora Ave
 - Urbandale, IA 50322
 - 515-327-5405
 - Web site iowapdc.org
- E-mail david.fries@iowapriority.org